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EDITORIAL

Culture And Medicine

To some doctors, culture and medicine may seem miles apart. However, the culture, where a patient comes from, has an important effect on that patient's health beliefs. These health beliefs, in turn, play a major role in his/her illness behaviour.

The relationship between culture and health beliefs has been extensively studied.¹ Cultural and subcultural health beliefs vary among different ethnic groups.² The health beliefs of Chinese have also been the subjects of several major publications.³⁻⁴ For example, Kleinman, a medical anthropologist and a psychiatrist by training, spent extensive periods of time in mainland China and Taiwan doing clinical and fieldwork. By studying a common psychiatric diagnosis made in China, neurasthenia, he concluded that though neurasthenia can be understood in several distinctive ways, it is most clinically useful to regard it as bioculturally patterned illness experience (a special form of somatization) related to either depression and other diseases or to culturally accepted expression of distress and psychosocial coping.

Despite the dominance of Western medicine in Hong Kong, which is partly a result of favoured position enjoyed by Western medicine during the British rule,⁵ both Western and Chinese medicines have been used by the local population concurrently. The majority of the population probably explains and understands their illnesses in Chinese medical concepts rather than Western medical principles.³ For example, weakness may be explained in the way of lack of *huet-hei* (血氣 blood and energy).⁶ As family physicians, we probably encounter more patients describing their explanation of their symptoms to us based on some form of Chinese medical concepts than doctors in other disciplines. We may hear patients mentioning *yit-hei* (熱氣 heat) and *hon-leung* (寒涼 cold) to us almost on a daily basis. It has therefore been⁷ suggested that the development of medical care in Hong Kong should take the prevalence of traditional beliefs and practices into consideration. The lack of understanding of patients' ideas and expectations could have contributed to patients' dissatisfaction with the care, resulting in over 60% of the population having the practice of doctor shopping.⁸

Food as a form of folk therapy within the Chinese culture has also attracted some research interest.⁹⁻¹⁰ Koo¹¹ pointed out that proper selection, timing and preparation of food were the most salient lay methods of dealing with the prevention and treatment of many common symptoms and illnesses by the local Chinese in Hong Kong. The food prescriptions and proscriptions are based on the Traditional Chinese Medicine concept of maintaining the body homeostasis. However, this does not stop our local patients enquiring about traditional Chinese food therapies when they consult their Western-trained family doctors.

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It is well known that not every ill person consults a health care professional. Lau¹² explored this issue for the local Chinese patients. He pointed out that like most patients, it is often some 'triggers', that bring the patients to their healers. Social and cultural factors may influence the pattern of symptomatology and phenomenology. Kleinman¹³ also identified some cross-cultural differences in the features of depressive patients. He used somatization among Chinese depressives as an illustration. Similar findings by Cheung *et al*¹⁴ showed that somatic symptoms like sleep disturbances, general malaise, pains and aches, and dizziness were the most frequent disturbances that prompted Hong Kong Chinese depressives to seek help in general family practice. These somatic presentations are well known to family physicians practising in Hong Kong and likely to have been related to social and cultural factors.

Culture and medicine are therefore closely related. This is even more so in some medical disciplines, for example family medicine and psychiatry, where behavioural factors play major roles in health beliefs and illness behaviours. As family physicians, we therefore need to be more aware of the cultural factors in the art of practice of medicine. ■

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